

## Utah Department of Workforce Services

Unemployment Insurance  
140 East 300 South P.O. Box 45288  
Salt Lake City, Utah 84145-0288  
TEL (801) 526-9235 option 2 • Toll free 1-800-222-2857 option 2  
FAX (801) 526-9236



### SCHOOL AND GOVERNMENT STATUS REPORT INSTRUCTIONS ON REVERSE SIDE. PLEASE COMPLETE ALL ITEMS.

1. Type of Organization: <input type="checkbox"/> School District <input type="checkbox"/> City Government <input type="checkbox"/> County Government <input type="checkbox"/> State Government <input type="checkbox"/> Other, Specify _____																		
2. Name of School or Governmental Unit:		3. Name and SSN of Each Organization Officer: _____ _____ _____ _____																
4. Address of School or Governmental Unit Headquarters (No. Street, City, State, Zip Code):   Telephone #: (     )     Fax #: (     )		5. Mailing Address for Quarterly Contribution (tax) reports if different from item 4: (See Instructions)   Telephone #: (     )     Fax #: (     )																
6. Mailing address for Wage and Separation requests if different from item 5: (See Instructions)   Telephone #: (     )     Fax #: (     )		7. Street address of Principal Permanent Work Site in Utah if different from item 5: (See Instructions)   Telephone #: (     )     Fax #: (     )																
8. Number of permanent worksites in Utah:	9. County in Utah where principal activity is located?	10. Date organization in item 2 began operation:	11. Federal Employer I.D. Number (FEIN): <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>															
12. Describe your organization's principal activity:     																		
13. Elected method of reporting and payment: Important - this decision must be made by individual(s) with the authority to make a financial commitment for the organization. (See Instructions) <input type="checkbox"/> a. Reimbursement of Unemployment Benefits Paid The above organization elects to reimburse the Unemployment Insurance Fund an amount equal to the amount of regular benefits and of one- half of the extended benefits paid that is attributable to service performed by former employees of the above organization. This election requires the filing of quarterly employment and wage reports. <input type="checkbox"/> b. Payment of Quarterly Contributions The above organization elects to file quarterly reports and pay any contributions as required by Section 35A-4-302 of the Utah Employment Security Act. The following information is needed to determine the tax rate.																		
14. Enter below the amount of wages you have paid in Utah. If you have not paid wages enter "NONE". <table style="width: 100%; border-collapse: collapse;"><thead><tr><th></th><th style="text-align: center;">Jan. 1 to Mar. 31</th><th style="text-align: center;">Apr. 1 to Jun. 30</th><th style="text-align: center;">Jul. 1 to Sep. 30</th><th style="text-align: center;">Oct. 1 to Dec. 31</th></tr></thead><tbody><tr><td style="padding: 5px;">Current Year:</td><td style="border: 1px solid black; width: 150px; height: 30px;"></td><td style="border: 1px solid black; width: 150px; height: 30px;"></td><td style="border: 1px solid black; width: 150px; height: 30px;"></td><td style="border: 1px solid black; width: 150px; height: 30px;"></td></tr><tr><td style="padding: 5px;">Preceding Year:</td><td style="border: 1px solid black; width: 150px; height: 30px;"></td><td style="border: 1px solid black; width: 150px; height: 30px;"></td><td style="border: 1px solid black; width: 150px; height: 30px;"></td><td style="border: 1px solid black; width: 150px; height: 30px;"></td></tr></tbody></table>					Jan. 1 to Mar. 31	Apr. 1 to Jun. 30	Jul. 1 to Sep. 30	Oct. 1 to Dec. 31	Current Year:					Preceding Year:				
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Preceding Year:																		
15. If you have not paid wages, do you expect to pay wages in the future? <input type="checkbox"/> Yes <input type="checkbox"/> No   Estimated date _____																		
<b>I certify that I have authority to act as agent for the above organization. The information contained in this report is true and correct.</b>  <table style="width: 100%; border-collapse: collapse;"><tr><td style="border-bottom: 1px solid black; width: 30%;"></td><td style="border-bottom: 1px solid black; width: 20%;"></td><td style="border-bottom: 1px solid black; width: 20%; text-align: center;">(     )</td><td style="border-bottom: 1px solid black; width: 30%;"></td></tr><tr><td style="text-align: center;">Authorized Agent</td><td style="text-align: center;">Title</td><td style="text-align: center;">Telephone</td><td style="text-align: center;">Date</td></tr></table>						(     )		Authorized Agent	Title	Telephone	Date							
		(     )																
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## INSTRUCTIONS

The Utah Employment Security Act provides that the Department of Workforce Services must determine the status under the Act of each business and each person independently established in a trade, occupation, or profession in Utah. This report is to be completed immediately and returned to P.O. Box 45288, Salt Lake City, Utah 84145-0288.

All items must be completed. If an item does not apply to your organization, enter N/A (not applicable).

Except as indicated below, all items are self-explanatory.

**Item 5.** Name and address of accountant or other agent to whom quarterly tax reports are to be sent (if different from Item 4).

**Item 6.** Name and address of agent who is able to provide information concerning wages paid and reasons for employees' separation from your employment.

**Item 7.** Give street address, city, state and zip code. If you have more than one work location, give the address where the largest number of your employees work.

**Item 13A.** Selection of this option will require that your organization reimburse the Unemployment Insurance Fund for the actual amount of unemployment paid to your former employees. You will receive a detailed billing each month showing the benefits paid to each individual for the prior month.

**Item 13B.** Selection of this option will require that your organization submit a quarterly contribution (tax) report and pay a quarterly contribution to the Unemployment Insurance Fund. The contribution (tax) is calculated by multiplying the taxable wages paid during the quarter by the contribution rate. The rate is initially determined by using an existing rate which prevails for employers in your general business classification. After a fiscal year of experience (July 1 - June 30), your rate for the next calendar year will be determined by the experience or history of benefits being paid to your former employees and taxable wages from your organization for the same benefit period.

If your organization is determined to be subject to the Utah Employment Security Act, your organization will be required to submit a quarterly list of employees showing each individual's social security number, name, and quarterly gross earnings. This is required regardless of the election for reimbursable or contributing coverage.

**Item 14.** The definition of wages is currently defined by Section 3306(b), of the Internal Revenue Code of 1986, with modifications, subtractions, and adjustments provided in Section 35A-4-208 Subsections (2), (3), and (4), of the Utah Employment Security Act with regard to how the wage base is determined. Wages means all remuneration for employment including commissions, bonuses, **salaries or draws to corporate officers**, tips and the cash value of all remuneration in any medium other than cash.

Earnings of elected officials, members of the judiciary, persons in advisory or policy-making decisions, and persons serving on a temporary basis in case of fire, storm, snow, earthquake, flood or similar emergencies, are not to be included on this report or any required quarterly reports.

**If additional information is needed, please call 801-526-9235 option 2 or 1-800-222-2857 option 2 (Instate toll free number). Fax 801-526-9236.**